



**(Remote) STUDENT ENROLLMENT APPLICATION
2010-11**

Name _____
(Last) (First) (Middle)

Address _____
(Street or PO Box) City State Zip Code

Telephone Number _____

Unique Student ID # _____ Birth date _____

Home High School: _____ Circle Grade: 9 10 11 12 PS

Home High School Principal or Counselor: _____

KVATC Home High School Facilitator: _____

Course Interest: Geospatial/GIS ____, Computer Applications ____,
Programming ____, Web Design ____, CAD Drafting ____, Flash ____

Parent/Guardian _____

Address of Parent/Guardian _____

Home Phone _____ Work Phone _____

Program: _____ **Enrollment Date:** _____

KVATC Course: _____

KVATC Instructor: _____

KVATC Course Schedule: _____

Completed by KVATC

Send to: Joe Morgan, OCTE-KVATC, 500 Mero St., 20th fl, Frankfort, KY 40601
FAX: 502-564-4800 , e-mail joe.h.morgan@ky.gov